

I. PART C: GENERAL SUPERVISION

The State lead agency, DHSS, is responsible for developing and maintaining a statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention system. Administration, supervision and monitoring of the early intervention system are essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, the State ensures that all agencies and individuals providing early intervention services meet the requirements of IDEA, whether or not they receive funds under Part C.

While each State must meet its general supervision and administration responsibilities, the State may determine how that will be accomplished. Mechanisms such as interagency agreements and/or contracts with other State-level or private agencies can serve as the vehicle for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcing mechanisms to ensure correction of identified problems.

Validation Planning and Data Collection

Prior to OSEP's validation planning visit, the New Jersey Part C Steering Committee completed a Self-Assessment that identified several concerns related to the State's oversight of the early intervention system, such as: (1) a need for an increased number of personnel and other resources to implement the monitoring system; (2) a need to modify monitoring tools and process to ensure that all components of the Part C system are examined through monitoring; (3) a need to focus on analyzing and utilizing the regional monitoring information more effectively at the State level; (4) a need for increased resources for training and technical assistance to ensure personnel are adequately trained and retained; and (5) a need to ensure an adequate number of service coordination and speech pathology personnel.

Issues raised during the public forums mirrored many of those identified by the Self-Assessment. The public forum participants also stated the need for: (1) monitoring Individualized Family Service Plan (IFSP) timelines and implementation, particularly in high growth areas throughout the State; (2) training to address needs of certain early intervention disciplines, such as intervention for feeding disorders; and (3) improving collaboration between the Lead Agency and other State agencies, particularly agencies providing respite care.

OSEP reviewed and analyzed the data and identified the following strengths, areas of noncompliance, and suggestions for improved results for infants and toddlers and their families

A. STRENGTHS

1. Leadership of DHSS

Two years prior to OSEP's 2000 visit to the State, DHSS created an open, dynamic process to examine the strengths and weaknesses of the State's early intervention support system that resulted in a system improvement "blue-print" created by parents, advocacy groups, the State Interagency Coordinating Council, early intervention providers, case management units, and other State agencies. (This planning process is known as and identified in this report as the "Stakeholder Task Force".) The blueprint, containing 51 recommendations that were accepted and endorsed by DHSS, requires lead agency structural modifications, improved interagency collaboration, and additional resource allocation. Three Task Force groups continue to work on implementation strategies that will be crucial in addressing concerns and noncompliance practices outlined in OSEP's report as well as other initiatives recommended during the Stakeholder planning process.

2. Regional Early Intervention Collaboratives

DHSS has a structure in place to support significant activities that promote the implementation and enhancement of the early intervention system. Through contract mechanisms, DHSS supports four Regional Early Intervention Collaboratives that are responsible for local planning, development, and implementation of the early intervention system and for ensuring that families have a voice in decision-making on Regional Boards. Parents are also a part of paid staff in the Regions. The Stakeholder Task Force and the Steering Committee endorsed the regional system as an effective structure to support the growth and development of the early intervention system.

Although having a structure in place to implement the New Jersey early intervention system is a crucial element in the overall system, adjustments are needed to ensure compliance with Part C of IDEA as cited later in this Report.

3. Comprehensive System of Personnel Development

With exceptional attention to recruiting families to take part in training activities, approximately 40% of training activities involve family members as presenters or co-presenters. In addition, DHSS is continuously refining its personnel development activities based on local needs assessments, telephone calls from parents to the State's Procedural Safeguards Coordinator, and on-site reviews. For example, DHSS is launching a technical assistance package that contains materials and information that can be customized to the training needs of local programs to improve systems issues such as the IFSP process, data collection, interagency communication, serving children in natural environments, flexible scheduling and family-centered service delivery. Early intervention providers agree, through contract, to attend training and technical assistance activities scheduled by the DHSS so that local providers understand the practices and activities for which they are accountable.

DHSS widely disseminates questions and answers that emerge from the training activities to regional staff, State Interagency Coordinating Council, attendees and service coordination units to ensure common understanding.

4. Natural Environments Systems Change

DHSS led the State through a significant systems change to help ensure that early intervention services are provided in a variety of natural environment settings. OSEP observed that service coordinators and providers make great efforts to offer flexible scheduling for families, including evenings and weekends. In 1996, the State reported that 65% of services were provided in center-based programs for children with disabilities, 27% in homes, and 4% in community programs. December 1, 1998 data document that 82% of families were receiving services and supports in natural environments including home, childcare, and other programs designed for typically developing children. In one year, data showed an increase of 100 families receiving services and supports in childcare and other programs designed for typically developing children.

B. AREA OF NONCOMPLIANCE

Effective Oversight and Monitoring Not Implemented To Ensure Noncompliance Is Identified and Corrective Actions Are Made

Under Part C, each lead agency is responsible for the general administration and supervision of programs and activities receiving assistance (34 CFR §§303.501(a) and (b)(1)-(4)). To meet these requirements, DHSS must adopt and use proper methods of administering each program, including monitoring agencies, institutions, and organizations used by the State to carry out Part C, enforcing any obligations imposed on those agencies under Part C and its regulations, providing technical assistance, and correcting deficiencies. The State is obligated to monitor these programs and activities used to carry out Part C, whether or not they receive funds under Part C, to ensure the State complies with all requirements of Part C.

DHSS has not exercised its general supervisory authority to ensure compliance with the requirements of Part C. DHSS' failure to implement an effective system for monitoring that enables it to identify and to correct deficiencies has resulted in noncompliance across the State. OSEP's concerns regarding DHSS responsibilities in this area involve the implementation of a monitoring process that fails to identify noncompliance and failure to take steps to correct noncompliant practices.

Background

According to DHSS documents and interviews with DHSS staff, the following is the monitoring process that DHSS uses for Part C.

Each year, DHSS uses its oversight system to review all sixty-six early intervention providers and county case management units. The oversight system integrates compliance and program quality. The process includes record review, personnel standards verification, program observations, and interviews with parents, service coordinators, providers, and administrators, and exit conference. Regional teams, comprised of parents, volunteer peer reviewers, regional executive directors, and as needed, State Part C staff, carry out the monitoring process. In addition, the Regions are responsible for auditing records to ensure accuracy of the December 1 report required by the U.S. Department of Education.

Early intervention contractors submit annual performance reports, self-evaluations and quality improvement plans that the Regional offices review. DHSS has aligned the self-evaluation and quality improvement plan with goals and indicators that the Stakeholder Task Force recommended as well as Part C requirements. In cases where the State identified areas of non-compliance through monitoring, the contractor submits a remediation plan that is incorporated in its annual improvement plan.

Technical assistance staff from the Regional offices participates in an exit conference at the completion of the on-site review so that the staff can offer immediate assistance to the program, as needed. The technical assistance staff follows up with the provider to ensure that the provider completes the required changes. In instances that correction has not occurred, the Regional Executive Director is responsible for following up with the provider. The State has contractual mechanisms, such as withholding of funds and withdrawal of contracts, to enforce corrective action by providers and case management units. In a few instances, after intense technical assistance from DHSS, some providers in recent years decided not to contract for provision of early intervention services because of their continuing inability to meet all the requirements of Part C.

DHSS staff stated that trends and concerns identified by monitoring teams are reported to their office through monthly meetings with the Regional staff and written quarterly reports, and communication via electronic mail. The State Part C staff told OSEP that noncompliance issues are then integrated into new policy directives and contracts. For example, DHSS instituted methods to ensure flexibility in contracts so that providers can obtain additional services or consultants to fill unanticipated needs quickly. OSEP reviewed documents and contracts that verified that changes are made in response to recommendations from the field. However, implementation of this procedure had not resulted in ensuring compliance at the time of OSEP's visit.

To provide additional oversight, DHSS disseminates News and Information memorandums and Question & Answer documents to all providers, regional staff and parents. DHSS also established an independent Procedural Safeguards office separate from the Part C program staff approximately two years before OSEP's visit. The Procedural Safeguards Coordinator participates in site visits with the State Part C staff on a case-by-case basis. See Section IV of this report for other information concerning the operations of the procedural safeguards unit.

(a) Current monitoring system does not identify all noncompliance issues.

OSEP found that the State's procedures described above are not effective in ensuring the identification of noncompliance with Part C. This is occurring, in part, due to lack of sufficient number of personnel to carry out annual monitoring functions, lack of training for monitoring teams, and lack of consistent data collection and analysis by monitoring teams in the regions throughout the State. Although the Stakeholder Task Force and the Steering Committee completed a thorough analysis of the strengths and weakness of the New Jersey Early Intervention System, the task of identifying practices that result in noncompliance and identifying their underlying causes is a complex endeavor requiring ongoing attention and resource allocation.

OSEP reviewed State monitoring procedures and a sample of monitoring reports from the three Regions OSEP visited and found that many reports did not contain the violations of Part C that OSEP identified in the same Regions and discusses in other sections of this report. For example, two reports cited transition issues as the only non-compliance concern, whereas OSEP found the following deficiencies in each of these two regions: 1) IFSPs listed families' concerns, priorities and resources but did not include any outcomes or services to address the needs; 2) IFSPs were not individualized based on a child's needs; 3) Service coordinators did not carry out responsibilities required by Part C.

Two of four Regional Collaborative Directors reported to OSEP that monitoring over the previous year had been a daunting responsibility. Two highly populated Regions could not recruit volunteer peer monitors that are crucial to the staffing of the monitoring teams and no State Part C staff was available to assist. Moreover, one Regional Director reported that inconsistent membership on monitoring teams throughout each region often leads to inconsistent analysis and reporting of strengths and weaknesses of each program.

The Part C staff stated that they do not have enough personnel to implement the monitoring system as currently designed. The Steering Committee also reported that the State does not have adequate resources to complete and ensure consistent, comprehensive monitoring on an annual basis. The Part C staff reported that the State had already established a Stakeholder Committee to provide recommendations for revisions in monitoring procedures.

All Regional staff reported to OSEP that more training is needed to ensure greater consistency across monitoring teams and regions. Providers in one Region told OSEP they did not think the monitoring teams received enough training to carry out its responsibilities. The one-day training provided by DHSS was not adequate to ensure that all personnel could carry out the monitoring process effectively. One Regional Director pointed out that because the volunteer teams have so little training, it was difficult to use the data that are collected.

(b) State Supervision Methods Not Resulting in Corrections of Noncompliant Practices

OSEP found evidence that the State's oversight system is not effective in correcting problems that are having a negative impact on services for children and families. The problems stem, in part, from: (1) lack of staff resources leading to untimely reports, (2) inadequate monitoring reports that do not clearly articulate the specific nature of the noncompliance, (3) lack of resources to ensure corrective action steps are taken and timelines are followed to correct noncompliance, and (4) lack of effective mechanisms to ensure accountability.

In order to ensure accountability for Part C, DHSS renews contracts with early intervention providers based on the recommendations from the Regional staff. In theory, an early intervention provider agrees to correct deficiencies in its annual contract as documented in its improvement plan. In practice, however, DHSS does not appear to have sufficient resources, including enough trained personnel, to provide timely guidance to providers about their quality improvement plans. In many instances, monitoring reports are either issued after the provider's contract renewal is signed or too late in the year for providers to implement a remediation

strategy prior to contract renewals; therefore, contracts and quality improvement plans are approved that do not adequately address noncompliance problems.

Secondly, the Regional monitoring reports do not clearly identify the violation, the seriousness of deficient practices or the urgency to correct them. Consequently, the contractor proposes nonspecific corrective action plans and timelines. For example, DHSS cited one program for noncompliance as needing "a more detailed account of transition process". In OSEP's review of this report, it was unclear whether the problems related to holding the transition meeting with local education agencies or other IFSP transition requirements. The provider's response to correct the problem was not specific and contained no timelines for correction. OSEP found that noncompliance with transition procedures is resulting in ineffective transition for children and families throughout the State in accordance with §34 CFR 303.344(h) (steps in transition planning are not included on IFSPs) and §303.148(b)(2)(i) (transition of children from Part C to Part B is not effective). See Section V in this Report.

OSEP also found, in general, that quality improvement plans attempted to address all aspects of the early intervention system, rather than focusing on priorities for correcting noncompliant practices. Thus, the providers' resources and attention were diffused in many directions rather than a focus on activities to address noncompliance. Providers in one Region told OSEP that because the State monitoring process starts late in the year and they must wait 6 months for reports, they do not understand what the State expectations are from their monitoring review, prior to the time they submit an annual quality improvement plan. Moreover, they reported to OSEP that they did not think the State provided adequate feedback on their quality improvement plan.

DHSS primarily relies on the Regional staff to track noncompliance and monitor corrective actions. As stated earlier, the State Part C staff reported that lack of staff inhibits the State's ability to track corrective action completion. The Steering Committee reported that improvements are needed in the State's monitoring system so that the findings from regional monitoring reports are used more effectively to identify trends, influence State decision-making, provide technical assistance, and carry out corrective actions.

DHSS strongly believes that sharing of accountability across all levels is essential to the implementation of a truly effective statewide system of early intervention. Administrators at both the State and Regional Collaborative levels acknowledge that implementation of the system for shared accountability for compliance with Part C is not yet fully in place. One of the most critical factors is the current reluctance of a number of providers to self-report, without delay, accurate data regarding issues such as personnel shortages and gaps in personnel with specialized knowledge that affect timely delivery of services. DHSS is attempting to work closely with the Regional Collaboratives, the provider networks, parents and other stakeholders with the goal of ensuring that accountability for early intervention services is effectively shared at all of these levels.

Prior to OSEP's visits, DHSS was already in the process of revising its monitoring procedures. A Stakeholder Quality Assurance Task Force is to provide recommendations for revisions in the system within three months after OSEP's visit. DHSS will need to evaluate the

recommendations and be able to demonstrate how the new system will result in identification of noncompliance practices and effective corrective actions so that infants and toddlers with disabilities and their families receive all the services they need without delay.

C. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS AND THEIR FAMILIES

1. Disseminate Wisdom from the Field

OSEP noted that monitoring reports highlight local promising practices identified during the course of the State's monitoring process. OSEP suggests that DHSS develop a mechanism to disseminate information about exemplary program efforts as clear examples of how the system can work. This practice could result in recognition of local initiatives and assist other programs that could benefit from this information.

2. Improve Interagency Communication and Coordination

DHSS in collaboration with New Jersey Departments of Human Services and Labor is developing an electronic management information system, One Ease E-Link. OSEP understands that this electronic networking has potential to provide DHSS with data about ongoing operations of the system, to provide information that can address continuous improvement as well as facilitate the linkage of children and families with a variety of agencies and services.

Based on interviews with State personnel, OSEP suggests that, in addition to building an electronic infrastructure, DHSS provide the leadership for promoting a "human infrastructure" whereby agencies participating in the One Ease E-Link system can become active participants in an interagency system that supports infants and toddlers with disabilities and their families.

3. System to Ensure Recruitment and Retention of Personnel

As noted in the "Strengths" section above, the State has plans and activities in place to provide in-service training and technical assistance to address systems issues, such as IFSP development. However, members of the Steering Committee, Service Delivery Task Force, parents, administrators and providers reported that the State needs to build the capacity to ensure recruitment of qualified personnel that have specialized knowledge and skills, particularly staff to address needs of children with hearing impairments, vision impairments and autism. Speech therapists are also in short supply. Administrators also report that new graduates do not have training in family-centered practices and working in natural environments. The administrators and others suggested that having a structured mentor system would be helpful to support these new graduates.

Administrators, providers and parents also pointed out that it is critical to have a system in place to retain personnel. Administrators in one area reported to OSEP that staff need discipline-specific training geared to a more advanced level than is normally provided by the State's plan

for a Comprehensive System of Personnel Development. Participants in public forums also confirmed the need for discipline-specific training.

DHSS staff reported that it and NJSDE had worked together, in the past, on a Higher Education Advisory Group that was charged with developing plans for recruitment and retention of personnel. Prior to OSEP's visit, NJSDE invited DHSS to participate in planning for an application to OSEP for a State Improvement Grant. State Improvement Grants are designed to address critical personnel shortages and in-service training needs.

OSEP encourages DHSS to continue to develop resources, cross-agency relationships, and innovative strategies to address these critical issues that could impact on positive outcomes for children and families.